

## OFFICE OF RECORDER OF DEEDS **MICHAEL E. KOZIKOWSKI, SR**.

## REQUEST FOR REDACTION OF PERSONAL IDENTIFIABLE INFORMATION

Type of personal info	rmation to be	e redacted:				
Social Security Number			Employer Tax Identification Number		. 🗆	
Driver's License Number			State Id	lentification Number		
Passport Number			Checkir	ng Account Number		
Savings Account Number			Credit Card Number			
Debit Card Number			Personal Identification Number			
Password			Employee Number			
***************************************						
Please list document type, book and page and/or instrument number and exact content of personal information or location						
<u>Document Types:</u> Deed, Mortgage, Satisfaction, Assignment, Power of Attorney, Federal Tax Lien, Lien Release, Financing Statements (UCC's), etc.						
Document Type  Book & Page I  Instrument N		<u>&amp; Page Num</u> rument Numb		Exact Content of Per Information and Loca		
Example: Mortgage	Book 317, Page 97			Social Security Number - 1 <sup>st</sup> page of document, 3 <sup>rd</sup> paragraph		
Example: Satisfaction	20091234-0056789 (Barco		code)	Social Security Number – 1 <sup>st</sup> page, top of page		

## **Authorization to redact personal information:**

redact my personal information from the image of Recorder of Deeds Imaging Retrieval System whi both via the internet and the Recorder of Deeds L	ch is available to the general public		
Signature	Date		
Print Name:			
Address:			
Phone Number: ()			
Email Address:	<u></u>		
*The Recorder of Deeds of New Castle County redact sensitive identifiable information.	shall have no liability for failure to		
For Internal Use Only:			
Redacted by:	Date:		

I, the undersigned, request that the Recorder of Deeds of New Castle County, DE

PHONE: 302-395-7749